

INSTRUCTIONS FOR AIR CLEANING DEVICE CERTIFICATION APPLICATION

General Instructions. This application is provided by the California Air Resources Board (ARB). These instructions are intended to guide you through the air cleaner certification process in accordance with Title 17, California Code of Regulations, subchapter 8.7 "Indoor Air Cleaning Devices", subsection 94804(c). Please read the following instructions prior to filling out the application, and be sure to fill out the application completely. Failure to provide ARB with adequate information regarding your device may delay the certification process and/or may result in your application being rejected. If you have any questions regarding this application please contact Ryan Johnson at (916) 323-2190 or via email at rjohnson@arb.ca.gov.

The application should be filled out and submitted electronically when feasible. All applications must include the required signatures. These may be scanned signatures submitted electronically with the electronic forms; alternatively, a hardcopy with the appropriate signatures may be printed and mailed to ARB. If the application is filled in by hand, please do so in dark blue or black ink. In Microsoft Excel 2003 the entire application can be printed at once by selecting "File" followed by "Print". Then, select "Entire workbook" in the "Print what" section and click "OK". It may be necessary to submit some schematics or other documents in hard copy form; in such cases, we would appreciate receiving the application form electronically when feasible. Please note that all signatures must be hand-written regardless of the method of submission.

The application is comprised of five pages. The first three pages are to be completed and signed by the manufacturer, the brand name retailer on behalf of the manufacturer, or some other representative of the manufacturer. The second two pages are to be completed and signed by the test facility where testing is conducted according to Section 37 of UL 867, 4th Edition, published December 21, 2007. Please note that all pages of the application form must be submitted together.

Section A. Applicant Information. **Section A.1** is to be filled out by the company submitting the application. This typically will be the manufacturer (the actual producer of the air cleaner) or may be the brand name retailer (the company that has contracted production and conducts the primary marketing for the air cleaner). In some instances, this may be a business association that represents the manufacturer. Please fill in the company name and address completely. The primary contact should be someone who will be readily available to answer questions that may arise regarding the submitted application and/or attachments.

In Section A.2, please provide contact information for the primary brand name retailer for whom the product was manufactured. If the model was produced for multiple brand name retailers, please attach a list with contact information for all such companies.

In Section A.3, please provide contact information for the actual manufacturer of the air cleaner model tested.

At the bottom of Section A and each of the other sections of this form a box is provided to allow designation of the information in that section as proprietary. Such information will be kept confidential to the extent allowed by law. Currently ARB plans to notice approved models on its website, typically by listing only brand name, model name and number, and the date the model was certified by ARB.

Section B. Manufacturer Representative Information. If you are filling out the application as the business representative of the manufacturer but you are neither the manufacturer nor the brand name retailer, please fill out Section B, in addition to section A. Please be sure to include all pertinent contact information.

Section C. Indoor Air Cleaning Device Information. Please list all pertinent information required to identify the device being tested. List all relevant devices within the same model group* and describe how each model varies from the model being tested. Please also use this space to reference page numbers and headings of all attachments that are pertinent to section C. A responsible person, typically the primary contact listed in section A, **must sign and date Section C** to verify that the models listed all belong to the same model group based on ARB's definition of model group.

Section D. Device Design and Operation. Use this section to clearly describe the design and function of the air cleaner being tested and how it is operated, and to thoroughly describe all regular maintenance requirements or suggestions. Attach schematics and any additional documentation sufficient to verify the design and operation principles. If there is a mechanical difference between the model being tested and the model(s) listed in Section C, then please attach schematics of the model(s) listed in Section C, and clearly indicate where those differences lie. Schematics are not needed for models listed in Section C that differ only by color or other cosmetic characteristics. Please also use this space to reference page numbers and headings of all attachments that are pertinent to section D.

Signature required: The primary contact must sign and date the form verifying that the information provided in sections A through D is true and correct.

Section E. Air Cleaner Test Information. This section must be filled out by the testing laboratory. It includes contact information and the primary contact person for the testing laboratory. Please provide a reference to the laboratory document that contains the results of the ozone emission test in the space labeled "Test Document". Please also identify the chamber used to obtain the test results.

Section F. Air Cleaner Test Results. This section must be filled out by the testing laboratory. Report all test results in the spaces provided. Be sure to list any test

* "Model group" means indoor air cleaning devices sharing the same design, operational features, device output, and performance characteristics, and manufactured by the same manufacturer. Units in the same model group may be marketed under different brand names. Units that differ only in decorative treatments such as color, remote control, or other cosmetic features not related to ozone output would belong to the same model group.

failures or exceedances, and any transitory measurements that exceeded 0.050 ppm. All portions of Section F must be filled in; please indicate "NA" where an item is not applicable.

Signature required: The individual responsible for the testing must sign and date the form where indicated at the bottom of Section F.

Please also attach a chain of custody form for the device tested. The chain of custody form should contain names, dates, and initials of each party that received and/or relinquished the device prior to shipping it to the Air Resources Board.

Section G. Additional Comments. Any additional information that the laboratory needs to communicate should be provided here. Please also use this section to reference page numbers and headings of all attachments that are not referenced elsewhere in the application.

Submittal of application and related documents

Applications and related documents may be submitted to Ryan Johnson of ARB at aircleaners@listserv.arb.ca.gov or mailed to:

(via U. S. mail)
Ryan Johnson
California Air Resources Board
Research Division, 5th floor
P.O. Box 2815
Sacramento, CA 95812

(via FedEx or other ground delivery)
Ryan Johnson
California Air Resources Board
Research Division, 5th floor
1001 I Street
Sacramento, CA 95814

If mailed or delivered, please indicate "Attention: Certification Application" on the package.

Thank you for your submittal.

INDOOR AIR CLEANING DEVICE CERTIFICATION APPLICATION**A. APPLICANT INFORMATION:****1. Company Submitting Application:**

Phone: _____ Fax: _____

Mailing Address: _____

City State Zip

Primary Contact Person:

First Last

Phone _____ Fax _____

Email: _____

Website: _____

2. Model Manufactured For:

Phone: _____ Fax: _____

Mailing Address: _____

City State Zip

Primary Contact:

First Last

Phone _____ Fax _____

Email: _____

Website: _____

*If manufactured for multiple brand name retailers, please attach contact information for all other such retailers.***3. Model Manufactured By:**

Phone: _____ Fax: _____

Mailing Address: _____

City State Zip

Primary Contact:

First Last

Phone _____ Fax _____

Email: _____

Website: _____

If multiple manufacturers produce this model please attach contact information for those other manufacturers.☐ Please check this box if Section A contains proprietary information that you wish not to be made public.**B. MANUFACTURER REPRESENTATIVE INFORMATION:***(Complete if application is being submitted by a representative of the manufacturer other than a brand retailer.)*

Organization: _____

Name: _____

First Last

Phone: _____ Fax: _____

Mailing Address: _____

City State Zip

Email: _____

Website: _____

Relationship to manufacturer: _____

☐ Please check this box if Section B contains proprietary information that you wish not to be made public.

C. INDOOR AIR CLEANING DEVICE INFORMATION:

Brand Name: _____
Model Number: _____
Model Name: _____
Model Group: _____

Please list all additional models within this model group in the box below (Add additional sheets if necessary).

Brand	Model	Variation from model tested

☐ Please check this box if Section C contains proprietary information that you wish not to be made public.

I have reviewed ARB's definition of "model group" and have determined that the models listed meet ARB's definition of "model group".

Signature: _____ Date: _____
Title: _____

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D. DEVICE DESIGN AND OPERATION:

Principles of Design and Operation: Describe the basic design and operational characteristics of the device tested. Attach schematics and additional documentation sufficient to verify the design and operation principles. Also attach schematics for all additional models listed in Section C that have any mechanical difference from the tested device model, and highlight those mechanical differences. PLEASE LIST ALL RELEVANT ATTACHMENTS AND SPECIFY PERTINENT PAGE NUMBERS BELOW.

Maintenance Requirements. Describe all maintenance requirements. Attach additional documentation as appropriate. PLEASE LIST ALL RELEVANT ATTACHMENTS AND SPECIFY PERTINENT PAGE NUMBERS BELOW.

All available marketing materials and owner's manuals should be included with application materials.

☐ Please check this box if Section D contains proprietary information that you wish not to be made public.

The information provided in sections A through D on this form is true and correct to the best of my knowledge.

Signature: _____

Date: _____

Title: _____

INDOOR AIR CLEANING DEVICE CERTIFICATION APPLICATION**E. AIR CLEANER TEST INFORMATION:**

Testing Organization _____

Facility ID & Chamber ID _____

Test Document _____

Mailing Address: _____

City State Zip

Contact Person: _____

First Last

Phone: _____ Fax: _____

Email: _____ Website: _____

F. AIR CLEANER TEST RESULTS**Electrical safety requirements of ANSI/UL: (Check applicable standard and if passed)**☐ **867** ☐ Yes ☐ No☐ **507** ☐ Yes ☐ No

If 867, date the ozone emission test was conducted _____

Unit	Manufacture Date	Model Number	Serial Number
Unit 1			
Unit 2 (where necessary)			

Ozone Results for Unit 1 (maximum minus background)**ppm****Ozone Results for Unit 2 where necessary (maximum minus background)****ppm****Ozone measurements were obtained following the procedures in Section 37 of ANSI/UL 867, 4th Edition, as published December 21, 2007, and applicable UL Certification Requirement Decisions.**Check one: ☐ Yes ☐ No**Did any transitory measurements exceed 0.050 ppm?**Check one: ☐ Yes ☐ No

Please describe any test failures or exceedances. Relevant information includes excess transitory excursions, motor failure during the test, devices not received with packaging intact, stopping the test due to electrical parts overheating, etc. Attach additional sheets, if necessary. List all relevant attachments and specify pertinent sections/page numbers from attachments in Section G, next page.

Please attach a copy of the chain of custody sheet for the devices tested.

I personally tested this device, or am the representative who is responsible for the tests; the information provided in sections E through G of this application is true and correct to the best of my knowledge.

Signature: _____**Date:** _____**Title:** _____

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G. Additional comments (attach additional sheets if necessary):